

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09 / 787 919

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20=	12
INDEPENDENT CLAIMS	3 minus 3 =	—
MULTIPLE DEPENDENT CLAIM PRESENT	—	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	22	Minus	— =
Independent	3	Minus	— =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37	Minus	32 = 5
Independent	3	Minus	3 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	42	Minus	37 = 5
Independent	4	Minus	3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	860
X\$ 9=		OR	X\$18=	216
X40=		OR	X80=	
+135=		OR	+270=	270
TOTAL		OR	TOTAL	1346

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	90.00
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	90.00 pd.

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	90.00
X40=		OR	X80=	86.00
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	212.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

176.00

BEST AVAILABLE COPY



EFW RCE #

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,
provides for continued examination of an utility or plant application
filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/787,919
Filing Date*	June 1, 2001
First Named Inventor	Karlheinz Mayer et al.
Group Art Unit	2854
Examiner Name	Anthony H. NGUYEN
Attorney Docket No.	MAYE3001/JEK/JJC

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:
- ☒ a. The Amendment/Reply filed herewith
 - ☐ b. The Information Disclosure Statement (IDS) filed on (date):
 - ☐ c. The arguments in the Brief/Reply Brief filed on (date):
 - ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
 - ☐ e. Other:
 - ☐ 2. A _____ month Petition for Extension of Time is filed herewith.
 - ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
 - ☒ 4. A check in the amount of \$ 770.00 is submitted herewith.
 - ☐ 5. This Request is transmitted by facsimile to number (703) _____.
 - ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:					Basic Fee:	\$770.00	
Total Claims:	11	-	37	(highest number previously paid for) =	X \$18 =		
Independent Claims:	2	-	3	(highest number previously paid for) =	X \$86 =		
Correspondence Address: 23364 Customer Number					Multiple Dependent Claim (add \$290.00):		
					Subtotal:		\$770.00
					50% Reduction if Small Entity Status:		
Phone: 703-683-0500 Fax: 703-683-1080					Total:	\$770.00	
Date:	Name:			Signature:	Reg. No.		
September 24, 2004	JUSTIN J. CASSELL				46,205		

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(30July03)

FREE ONLY

09/27/2004 CCHAU1 00000029 09787919

01 FC:1801

770.00 OP

09/30/2004 AJONES3 00000007 020200
01 FC:1201 66.00 DA
02 FC:1202 90.00 DA